Ceremonial Role Events and Ticket/Admission Distributions 1. Agency Name CITY OF NEWPORT BEACH Division, Department, or Region (# applicable) Street Address 3300 Newport Boulevard, Newport Beach, CA 92663 Designated Agency Contact (Name, Title) David A. Kiff, City Manager Area Code/Phone Number E-mail Date of Original Filing: (month, day, year) Description Opening Ceremony Date(s) D4 / 26 / 20 12 Description Opening Ceremony D4 / 26 / 20 12 Description Opening Ceremony D4 / 26 / 20 12 Description Opening Ceremony D4 / 26 / 20 12 Description Opening Ceremony D4 / 26 / 20 12 Description Opening Ceremony D4 / 26 / 20 12 Description Opening Ceremony		gency Report of:								
1. Agency Name CITY OF NEWPORT BEACH Division, Department, or Region (if applicable) Street Address 3300 Newport Boulevard, Newport Beach, CA 92663 Designated Agency Contact (Name, Title) David A. Kiff, City Manager Area Code/Phone Number 949-644-3005 Description Cypening Ceremony Description Opening Ceremony Description Opening Ceremony Was the distribution to persons identified below made at the behest of an agency official? Yes No If yes: Official's Name (Last, First) and Title The identity of recipient(s) and the explanation: Name (Last, First) or Organization (Name, Address, Description) See attached list Name (Last, First) or See attached list Name (Last, First) No Yes No Income No Yes Income No Yes Income No Income No Yes Income No Inc		FOR SAME DESCRIPTION OF SAME AND SAME OF SAME				Г		B 1 11 B		
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Street Address 3300 Newport Boulevard, Newport Beach, CA 92663 Designated Agency Contact (Name, Title) David A. Kiff, City Manager Area Code/Phone Number 949-644-3005 Ibrown@newportbeachca.gov 2. Function, Event, or Ceremonial Role Information Title Newport Beach Film Festival Face Value of Each Admission \$ 125.00 Description Opening Ceremony							OFFICE OF			
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David A. Kiff, City Manager Area Code/Phone Number Area Code/Phone Number 949-644-3005							☐ Amendment (Must pro	ovide explanation in Part 3.)		
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		is in accordance with the provis	ions.							
		David A. Kiff				City I	Manager	s/11/12		
		Signature of Agency Head or Design	ee	Print Na	me	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		(month, day, year)		

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

OPENING NIGHT

Ticket Recipient	<u>Department</u>	# of Tkts
Mike Henn	City Council	2
Steve Rosansky	City Council	2
Ed Selich	City Council	2
Rush Hill	City Council	3
Keith Curry	City Council	2
Carole Boller	Arts Commissioner	3
Christopher Trela	Arts Commissioner	2
Total		16